

Data Elements sorted by Field Name

Column Name	Logical Name	Description
ACE_INHIB_FILL_FG	Ace Inhibitor Fill Flag	Was an ACE INHIBITOR prescribed and/or filled during this encounter (Y/N)?
ADA_CD	ADA Code	American Dental Association code that designates the type of dental service provided during this encounter. Nationally recognized standard code set.
ADA_FEE_AMT	ADA Code Fee	Fee for this ADA Code rounded to the nearest dollar.
ADA_UNITS	ADA Units	Number of the services identified by the ADA code that were delivered (e.g., if the ADA code is for tooth extraction and there are three ADA units, that means three teeth were extracted).
ADMISS_SVC_CD	Admission Service	Code set indicating type of clinical service to which the patient was admitted. See standard code table.
ADMISS_TP_CD	Admission Type	Code indicating by what process a patient was admitted. See standard code table.
AGE	Age	Age of patient
ALLOW_AMT	Billed Amount	Used by the FI. Of the amount billed on the claim, the amount allowed to be considered for payment. Allowed amount generally determined by a contract with the provider.
ALT_REG_CODE	Alternate Registration Code	Field used to store the original value of the unique registration code when it has a length >15 in an RPMS, non-HL7 file.
ATND_PHYS_AFFL_CD	Attending Physician Affiliation Code	Affiliation of the attending physician. See standard code table.
ATND_PHYS_DISC_CD	Attending Physician Discipline Code	Discipline of the attending physician. See standard code table.
AUTH_FAC_CD	Authorizing Facility	Facility that authorized the vendor to provide services to the patient. See standard code table.
AUTH_NBR	Authorization Number	For CHS visits, this is the tracking number assigned that authorizes the patient to see a contracted provider and obtain services external to available direct services. Is a portion of PO_NBR
BENEF_CLASS_CD	Beneficiary Classification Code	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. See standard code table.
BILL_AMT	Billed Amount	Used by the FI. Amount billed by the provider for the service rendered.
BILL_TP_CODE	Type of Bill	Type of bill from the UB92 (HCFA1450) form. The first character (type of facility) is utilized by the FI to determine whether the record is sent to the DW as inpatient or outpatient.
BIRTH_DC	Date of Birth (character format)	Patient's Date of Birth. Expected format is CCYYMMDD.
BLANKET_PO_IND	Blanket Purchase Order Indicator	Indicates whether this is a blanket purchase order. A blanket purchase order applies to an undesignated number of actual claims.
BLOOD_QUANTUM_CD	Blood Quantum Code	Code to designate whether or not the patient is an American Indian/Alaska Native and, if so, to what degree. See standard code table.
C638_DISCH_TP_CD	CHS 638 Discharge Type Code	CHS discharge code for this hospital visit.
CFI_ATND_PHYS_CD	CFI Attending Physician Code	Used by the FI. Attending physician.
CFI_CHARGED_AMT	CFI Charged Amount	Used by the FI, amount paid for this claim.
CFI_CLAIM_NBR	CFI Claim Number	Used by the FI, unique claim identifier.
CFI_OVERRIDE	CFI Override	Used by the FI, unknown purpose.

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CFI_PAT_ID	CFI Patient ID	Used by the FI, patient identifier.
CFI_TYPE_SERVC	CFI Type ServC	Used by the FI, purpose unknown
CHART_FAC_CD	Chart Facility Code	Code to designate the facility where this chart is located. See standard code table.
CHART_NBR	Chart Number	A patient's health record number (HRN) at the specified facility.
CHART_STATUS_CD	Chart Status Code	Status of the specified chart at the local facility.
CHS_COST_AMT	CHS Cost	For CHS (contracted health service) visits, total amount paid to the outside provider. Preferred format is 999999.99.
CHS_IEN	CHS IEN	The unique identifier (Internal Entry Number) in the CHS/MIS package assigned to each purchase order.
CHS_SVC_TP	CHS Type of Service	Code utilized by the FI to indicate the type of service provided. This is a derived code that is determined according to the values of the revenue code, HCPCS code and procedure code. Types of service include radiation therapy, surgery, hospice, rental DME, vaccine, etc.
CHS_WL_CD	CHS Workload Code	
CITY_NM	City	City or town portion of this patient's mailing address.
CLIN_MEAS_CD	Clinical Measure Code	Code describing the type of measurement that is being captured.
CLINIC_CD	Clinic Code	Code indicating the type of clinic at which this encounter occurred. See standard code table.
CM_RSLT_VALUE	Clinical Measure Result Value	This field will be used for Blood Pressure, Height, & Weight. BP to be reported in ####/#### format, height to be output in inches in ###.# format, weight in pounds in ###.# format.
COB_AMT	COB Amount	Total amount of the encounter cost that was paid by other insurance (coordination of benefits amount)
COMM_RES_CD	Community of Residence Code	Code for the State/County/Community of Residence of the patient. See standard code table.
COMM_RES_START_DC	Date Moved To Community (character format)	Date when the patient first moved to this community of residence. Expected format is CCYYMMDD.
COMMRCL_INSUR_FG	Commercial Insurance Flag	Used by contract (FI) dental. Is patient covered by commercial insurance? (Y or blank). This field is only stored in the Archive tables, and is not utilized by the DW. The DW is able to calculate eligibility as needed by querying the DW eligibility tables.
CONSULT_QTY	Number of Consults	Number of physician consultations with the patient during an inpatient stay. Not applicable for outpatient encounters.
CVG_TP_CODE	Coverage Type Code	Type of third party coverage for which the patient is eligible. Value depends on the associated insurance category code. If insurance category code = MCR or RRE, valid values for this field = A (Medicare Part A), or B (Medicare Part B). Otherwise, any free text value is accepted.
DATA_1ST_ENTRY_DC	Data Entry Creation Date (character format)	Date the encounter record was created. Expected format is CCYYMMDD.
DATE_LAST_MOD_TS	Date of Last Update	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD.
DAY_OF_WEEK_CD	Day of Week	Day Of Week the encounter/admission occurred.
DEATH_DC	Date of Death (character format)	Patient's Date of Death. Expected format is CCYYMMDD.

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DEATH_ICD9_DX_CD	Cause of Death	ICD-9 code for cause of death. Nationally recognized standard code set. Preferred format is to include the dot.
DEN_COST_AMT	Dental Cost	Dental Total Cost rounded to the nearest dollar.
DEN_DELIVERY_CD	Dental Delivery Code	The dental delivery modes designate whether this was a contracted patient encounter or a direct encounter.
DEN_PAT_TP_CD	Dental Patient Type Code	Patient's Indian status, used exclusively for dental encounters.
DISCH_DC	Discharge Date (character format)	Inpatient: date patient discharged. Outpatient: not applicable. Expected format is CCYYMMDD.
DISCH_SVC_CD	Discharge Service Code	Code set indicating type of clinical service from which the patient was discharged. See standard code table.
DISCH_TP_CD	Discharge Type Code	IHS standard codes to identify how a patient was discharged from an inpatient visit. Not applicable for outpatient.
DM_NUTR_EDUC_FG	DM Nutrition Education Flag	Was Diabetes Mellitus education given to the patient? (Y/N)
DX_CAUSE_CD	Cause of Diagnosis	Code designating the cause of this specified diagnosis. See standard code table.
DX_SEQ_NBR	Diagnosis Sequence Number	Sequence number of the diagnosis for which the CPT procedure was performed, if applicable. It is used to link this PROCEDURE record with the appropriate DX record.
EDUC_CD	Education Code	Code that specifies the topic of education provided during this encounter. See standard code table.
EDUC_MINS	Length of Education	Length, in minutes, of the patient education provided for this specified topic.
EDUC_UNDERSTAND_CD	Education Understanding	Education - patient's level of understanding
ELIG_END_DC	Eligibility End Date (character format)	Date that eligibility for the specific type of coverage ends. For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date. Expected format is CCYYMMDD.
ELIG_START_DC	Eligibility Start Date (character format)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date. Expected format is CCYYMMDD.
ENCTR_DEL_FG	Encounter Delete Flag	Flag received from the local system that indicates that this encounter was deleted from the local system.
ENCTR_EXPORT_TS	Encounter Export Date	Date this "snapshot" of the local encounter record was exported.
ENCTR_QTY	Encounter Quantity	What CHS considers workload units. This could be number of orders filled, number of devices, number of eyeglasses, number of prescriptions, etc., depending upon the Object Class Code.
ENCTR_SKIPPED_QTY	PCC Visits Skipped (RPMS systems only)	Total number of PCC visits skipped (not exported).
ER_DISP_CD	Disposition On ER Visits	The patient disposition code, if this is an ER visit.
EVAL_MGT_CPT_CD	Evaluation and Management CPT Code	CPT code from evaluation and management field of visit file. Nationally recognized standard code set.
EXAM_IHS_CD	Exam IHS Code	Exam that was performed on the patient during this encounter. See standard code table.
EXPORT_BOX_ASUFAC	Static ASUFAC of Exporting Box	Code used to identify the actual machine from where the data originated.
EXPORT_LOG_NBR	Export Log Number	Control number assigned to the export at the local level, that allows us to track the data back to the facility.
FATHER_FIRST_NM	Father's First Name	Father's First Name.
FATHER_LAST_NM	Father's Last Name	Father's Last Name.

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Column Name	Logical Name	Description
FATHER_MID_NM	Father's Middle Name	Father's Middle Name.
FIRST_MOD_DC	First Modified Date i.e., Export Begin Date (character format)	Begin Date of the date range used by the site to export data to the warehouse. Expected format is CCYYMMDD.
FIRST_NM	First Name	First name of the patient; could also be an alias.
FULL_NM	Full Name	Patient's name prior to parsing into first, middle, last, etc. The format is specific to the local system.
GENDER_CD	Gender	Sex of Patient as provided by the patient's registration information.
GROUP_NBR	Insurance Policy Group Number	Insurance policy group number (non-RPMS systems)
HCPCS_COMP	HCPCS Component	The professional or technical component of the HCPCS Code
HCPCS_COST_AMT	HCPCS Cost Amount	Cost associated with the HCPCS_CD in the data
HCPCS_QTY	HCPCS Quantity	Count of the number of times the associated HCPCS code was listed for this encounter.
HCPCS_UNITS	HCPCS Units	Number of units corresponding to the HCPCS_CD in the data
HL7_IMMUN_CD	HL7 Immunization Code	Proprietary subset of HL7 used by IHS beginning with version 7.0 of the RPMS Immunization Package. This was replaced in version 8.0 with the complete HL7 CVX code list.
HL7_IMMUN_CVX_CD	Immunization Formulation Code	HL7's CVX code for the vaccine formulation.
HL7_IMMUN_MVX_CD	Immunization Manufacturer Code	HL7's MVX code for the vaccine's manufacturer.
HLTH_FACTR_CAT	Health Factor Category	Health factor category. (e.g., Tobacco)
HLTH_FACTR_CAT_CODE	Health Factory Category Code	Health factor category code.
HLTH_FACTR_CD	Health Factor Code	Health Factor code.
HLTH_FACTR_NM	Health Factor Name	Name of Health Factor. (e.g., previous smoker)
HOSP_AUTH_NBR	Hospital Authorization Number	Hospital authorization number used in CHS, consisting of components 1 and 4 of PO_NBR. (previously known as HOSP_ORDER_NBR)
HTN_EVER_DOC_FG	HTN Ever Documented Flag	Has this patient ever had Hypertension documented? (Y/N)
HTN_LAST_DOC_DC	HTN Last Documented (character format)	Date Hypertension (HTN) was last documented, if ever. Expected format is CCYYMMDD.
ICD9_DX_CD	Diagnosis Code	ICD-9 diagnosis code. When multiple ICD-9 codes are sent, the first one is considered to be the primary diagnosis. Nationally recognized standard code set. Preferred format is to include the dot.
ICD9_EXT_INJ_CD	Cause of Injury	ICD-9 E-prefix code for the cause of the injury. (Only used if diagnosis code is between 800 and 999.9, meaning injury.) Nationally recognized standard code set. Preferred format is to include the dot.
ICD9_PROC_CD	ICD9 Procedure Code	ICD-9 procedure code for the surgical procedure. If multiple procedure codes are sent, the first one is considered to be the primary procedure. Nationally recognized standard code set. Preferred format is to include the dot.
IHS_IMMUN_CD	IHS Immunization Code	Proprietary code for immunizations used by IHS prior to version 7.0 of the RPMS Immunization Package.
IMM_DOSE_NBR_CD	Immunization Dose Number Code	The dose in an immunization series that was provided on this encounter. (Some immunizations require multiple doses over a period of time. Not necessarily a number.)

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INFECT_FG	Infection Flag	Was this procedure related to an infection. (Y/N)
INJ_PLACE_CD	Place of Injury	Code for the place of injury. (Only used if ICD-9 diagnosis code is between 800 and 999.9, signifying an injury.) See standard code table.
INSUR_CAT_CD	Insurance Category Code	Type of Eligibility
INSURER_EIN	Insurer EIN	Insurer's Employer Identification Number.
INSURER_NM	Insurer Name	Name of the insurance company.
LAB_RSLT_TEXT	Lab Result (character)	Lab result (character).
LAB_RSLT_VALUE	Lab Result (value)	Lab result (value).
LAB_TEST_NM	Lab Test Name	Lab test name as stored in the local system.
LAB_TEST_QTY	Number of Lab Tests Done	Total number of lab tests that were performed for this visit.
LAST_MOD_DC	Last Modified Date i.e., Export End Date (character format)	End Date of the date range used by the site to export data to the warehouse. Expected format is CCYYMMDD.
LAST_NM	Last Name	Last name of the patient; could also be an alias.
LENGTH_OF_STAY	Length of Stay	Number of days the patient was in the inpatient setting. Not applicable for outpatient.
LMP_DC	Last Menstrual Period (character format)	Last known menstrual period on file. Expected format is CCYYMMDD.
LMP_NOTED_DC	LMP Noted (character format)	Date the last menstrual period on file was noted. Expected format is CCYYMMDD.
LOCAL_VERIF_CD	Local SSN Verification Code	Field used by local facilities if they use the SSA information sent them to update their local databases. If they update their records to a "verified" code, they can use this field to note it.
LOE_FAC_CD	Location of Encounter	Facility code for the location where the visit took place. See standard code table.
LOINC_CD	LOINC Code	Logical Observation Identifiers Names and Codes (LOINC). Nationally recognized standard code set to identify the lab test.
MAIL_ADDR_1	Mailing Address Street 1	First line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.
MAIL_ADDR_2	Mailing Address Street 2	Second line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.
MED_NDC_CODE	Medication NDC Code	National Drug Code (NDC) for this medication as stored in the local system. Nationally recognized standard code set
MED_NM	Medication Name	Name of the medication as stored in the local system.
MED_QTY	Medication Quantity	Quantity of medicine dispensed (e.g., number of pills, milliliters of a liquid preparation, grams of a topical cream, etc.). Entry is a number, units (# of pills, mls, mgs, etc.) are implicit in the NDC code. (Formatted as a number up to 9999999.999.)
MICROALBUM_FG	Microalbuminuria Flag	Was an Microalbuminuria test performed during this encounter (Y/N)?
MICROALBUM_VAL	Microalbuminuria Value	Result value of the Microalbuminuria test performed during this encounter.
MID_NM	Middle Name	Middle name of the patient; could also be an alias.
MIDWIFERY_FG	Midwifery Flag	A flag to indicate if the provider is a midwife.
MOM_MAIDEN_FIRST	Mother's First Name	Mother's First Name.
MOM_MAIDEN_LAST_NM	Mother's Maiden Last Name	Mother's Maiden Last Name.

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Column Name	Logical Name	Description
MOM_MAIKEN_MID	Mother's Middle Name	Mother's Middle Name.
NAT_OF_COV_CODE	Nature of Coverage Code	Code used by the FI to indicate type of service provided (e.g. professional fees, inpatient, outpatient, ancillary, non-patient specific information, etc.)
NBR_PREFIX_SUF	Policy Prefix/Suffix	Policy suffix for Medicare, or prefix for Railroad Retirement.
NEWBORN_DEATH_CD	Newborn Death Code	Indicates whether the child died as a newborn or was stillborn. From FI. (1 = Newborn Death, 2 = Stillborn).
NM_SUF	Name Suffix	Name suffix, such as Sr., Jr., III, etc.
NM_TITLE	Title	Title of the patient, such as Mr., Ms., Mrs., Miss, etc.
OBJ_CLASS_CODE	Object Class Code	Categories of medical services used for payment by the federal health accounting system. This is the new set of codes that has been in place for all DHHS finance and reporting purposes since FY 1998. (The pre-1998 codes are now carried in SVC_CLASS_CD). Not used internally by CHS/MIS or NPIRS.
OBJ_CLASS_CODE_TP	Object Class Code	Code used by the FI to classify object class codes for filtering purposes. Also known as Table Code. The same object class code can be used for inpatient and outpatient services in the data that FI receives from CHS/MIS, so the FI uses a conversion code to distinctly classify them into inpatient or outpatient.
OPSITE_CD	Dental Operative Site	Code used to identify the tooth, range of teeth, or other location for which the ADA procedure was performed.
OPSITE_SURF_NBR	Dental Tooth Surface	Code used to identify the surface of the tooth for which the ADA procedure was performed.
PAID_DC	Paid Date (character format)	Date the claim was paid. Expected format is CCYYMMDD.
PAY_CD	Payment status code	Code representing full or partial payment by IHS.
PAY_DEST	Payment Destination	Document payment destination. This code in CHS/MIS determines whether the record is sent to NPIRS or the CHS FI. (F = FI, I = NPIRS)
PCC_ENCTR_QTY	Number of PCC Visits	The total number of pcc visits that are contained in this export.
PEND_REJECT_CODE	Pend Reject Code	Utilized by the FI to indicate the reason that a purchase order/claim was not paid.
PHN_ACT_CD	PHN Activity Code	Activity Code used for reporting Public Health Nursing visits.
PHN_ACTIVITY_MINS	PHN Activity Minutes	Total number of minutes to complete the Public Health Nursing activity.
PHN_INTERV_LVL_CD	PHN Intervention Level	Code indicating the level of intervention used during a Public Health Nursing activity.
PHN_TRAVEL_MINS	PHN Travel Minutes	Travel Time utilized for Public Health Nursing activity, recorded in minutes.
PHYS_LOCL_CODE	Attending Physician Local Code	The code used at the site to identify the attending physician. Usually, but not always the physician's initials.
PLACE_OF_TRTMNT	Place of Treatment	Code utilized by the FI to indicate where the treatment occurred, such as psychiatric facility, emergency room, health clinic, rehab facility, etc.
PLAN_NM	Plan Name	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.
PLCY_NBR	Policy Number	Insurance policy number.
PLCYHLDR_FIRST_NM	Policy Holder's First Name	First name of the insurance policy holder.

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Column Name	Logical Name	Description
PLCYHLDR_LAST_NM	Policy Holder's Last Name	Last name of the insurance policy holder.
PLCYHLDR_MID_NM	Policy Holder's Middle Name	Middle name of the insurance policy holder.
PO_ISSUE_DC	Purchase Order Issue Date (character format)	Date the purchase order was issued. Expected format is CCYYMMDD.
PO_NBR	Purchase Order Number	Number assigned to the specific purchase order that authorizes contract services.
PO_TP_CODE	Purchase Order Type Code	Code indicating the type of purchase order: (FI values: 43=institutional inpatient, 64=professional)
PROC_DC	Procedure Date (character format)	Date the procedure took place. Expected format is CCYYMMDD.
PROV_AFFL_CD	Provider Affiliation Code	The affiliation of the provider. If multiple affiliations are sent, the first occurrence listed is considered to be the affiliation of the primary provider. See standard code table.
PROV_DISC_CD	Provider Discipline Code	The discipline of the provider. If multiple disciplines are sent, the first occurrence listed is considered to be the discipline of the primary provider. See standard code table.
PROV_LOCAL_TEXT	Provider Local Code	Code used at the site to identify the provider. Usually, but not always the provider's initials.
PROV_SSN_EIN	Provider tax id	Provider tax id.
PROV_X12_CLASS_CD	Provider Class X12 Code	HIPAA "provider classification" code, a more specific service or occupation related to the Provider Type. For example, the Classification for Allopathic & Osteopathic Physicians is based upon the General Specialty Certificates as issued by the appropriate national boards.
PROV_X12_SPEC_CD	Provider Spec X12 Code	HIPAA "provider specialization" code, a more specialized area of the Classification in which a provider chooses to practice or make services available. For example, the Area of Specialization for provider type Allopathic & Osteopathic Physicians is based upon the Subspecialty Certificates as issued by the appropriate national boards.
PROV_X12_TP_CD	Provider Type X12 Code	HIPAA "provider type" code, a major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic & Osteopathic Physicians, Dental Providers, Hospitals, etc. See standard code table.
RANGE_LOWER_LMT	Range Lower Limit	Lower limit for the normal reference range of the associated lab test.
RANGE_UPPER_LMT	Range Upper Limit	Upper limit for the normal reference range of the associated lab test.
REG_STATUS_CD	Registration Status Code	Status of a patient registration record and all of its components, i.e. demographics, charts, aliases, and insurance eligibilities. A record may become inactive due to the death of patient, registration consolidated with another for same patient, etc.
REGION_ABBR_CD	Region Abbreviation Code	Alpha (3-char) designator indicating the IHS region (e.g. ALB for Albuquerque).
RELAT_TO_INSRD	Relationship to Insured	Patient's relationship to the insured - applicable only for Medicaid and Private insurance. (e.g. self, spouse, etc.)
REVENUE_CD	Revenue Code	A subset of the HCPCS code set, 3 digit codes, indicating hospital charges. (Exception, dialysis codes are considered outpatient services)
REVENUE_COST_AMT	Revenue Cost Amount	Cost associated with the REVENUE_CD in the data

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REVENUE_UNITS	Revenue Units	Number of units corresponding to the REVENUE_CD in the data
REVISIT_FG	Revisit flag	Code representing first visit or revisit. ARCHIVE colname is CFI_REVISIT_FG, loaded to target colname REVISIT_FG. (1 = First visit, 2 = Revisit)
RPT_DENTIST_SSN	Dentist's SSN	SSN for the dental provider. (format 999999999, no dashes.)
RX_QTY	Prescription Quantity	Number of prescriptions written for this patient/visit.
SEQ_NBR	Sequence Number	For the first occurrence, the sequence number is 1; for the second occurrence, the sequence number is 2, and so on.
SKIN_TEST_CD	Skin Test Code	Code for a skin test performed during this visit. See standard code table.
SKIN_TEST_READING	Skin Test Reading	Numeric measurement in mm of a skin test measured during this visit.
SKIN_TEST_RSLT_CD	Skin Test Result Code	Code for a skin test result, reading performed during this visit. See standard code table.
SKIP_DEMO_PAT_QTY	Skipped Demo Patients (RPMS systems only)	Number of PCC visits not exported because the patient's name was 'DEMO, PATIENT'.
SKIP_ERROR_QTY	PCC Visit Errors (RPMS systems only)	Number of PCC visits skipped (not exported) due to error.
SRC_BOX_SITE	Name of Exporting Box's Site	Name of Exporting Box's Site.
SRC_FL_EXPORT_DC	Source File Export Date (character format)	Date the export was run at the facility. Expected format is CCYYMMDD.
SRC_FL_REC_QTY	Source File Record Quantity	Total number of records contained in the source file, i.e., the file the IE receives from the facility. This should be the number of HL7 messages.
SRC_SYS_CD	Source System Code	Source System Codes will be unique across all source systems that feed the DW. Therefore, a particular code will also implicitly identify the source system that generated a particular record.
STATE_ABBR_CD	State Code	United States Postal Service state code for this patient's mailing address.
STATE_CD	Eligibility State Code	Numeric IHS-specific code indicating state where a patient is eligible for Medicaid.
SVC_ADMISS_DC	Service / Admission Date (character format)	Outpatient: date of service. Inpatient: admission date. Expected format is CCYYMMDD.
SVC_CAT_CD	Service Category Code	Category of the service that was provided to the patient during this encounter. See standard code table.
SVC_CLASS_CD	Service Class Code	The Service Class Code is a designation for the old object class code system IHS used before 10/1/1997, and is used internally by CHS/MIS for report generation.
SVC_ELIG_CD	Service Eligibility Code	Code that specifies the types of services for which this patient was eligible. See standard code table. Note: Native Americans cannot be coded as ineligible.
SVC_LEVEL_CD	Service Level Code	Code that specifies the Level of Service for this encounter. See standard code table.
SVC_TP_CD	Service Type Code	A code that specifies the service type for this encounter. See standard code table.
TIME_OF_DAY	Time of Day	Time of day the encounter/admission occurred.
TOOTH_SURF_CD	Tooth Surface	Tooth surface.

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TRANSFER_FAC_CD	Transfer Facility Code	Code that is used to specify the facility to which the patient was transferred. The facility code is from a standard code table.
TRIBE_CD	Tribe Code	Indian tribe code specifying patient's tribal membership. See standard code table.
UNIQ_ENCTR_CODE	Unique Encounter ID	Unique encounter (visit) record identifier generated by the source system. Preferred format is a 5-char unique site identifier (agreed upon by the site and IHS) concatenated with a 10-char encounter id number unique within the source system. Format is right-justified and zero-filled.
UNIQ_REG_CODE	Unique Registration ID	Unique registration record identifier generated by the source system. (It is unique by registration record, not necessarily by patient if a given patient has more than one registration record at the same facility or different facilities.) Preferred format is a 5-char unique site identifier (agreed upon by the site and IHS) concatenated with a 10-char registration id number unique within the source system. Format is right-justified and zero-filled.
UNIT_OF_MEAS	Unit of Measure	Unit of measure for the lab result.
URIN_PROTN_FG	Urine Protein Test Flag	Was a urine protein test performed during this encounter? (Y/N)
URIN_PROTN_VAL	Urine Protein Value	Result value for a urine protein test obtained during this encounter.
VA_DRUG_CLASS_CD	VA Drug Class Code	Code representing the VA Drug Class. This code is assigned by the local system. See standard code table.
VENDOR_TP_CD	Vendor Type Code	A CHS-specific code set that characterizes the type of vendor that is providing patient services. A vendor is a provider that is contracted by IHS. Applicable to CHS encounters only.
VET_FG	Veteran Flag	Identifies a person who has previously served in the US Military. Veterans generally receive special veteran's assistance for medical bills. Note: This flag indicates if the patient is a veteran. It is NOT intended to identify all patients who are eligible for veteran's benefits. Values: Y=Veteran, blank=non-Veteran.
WL_REPORT_FG	Workload Reportable Flag	Flag indicating whether or not the encounter is workload reportable (Y/N)
ZIP_CODE	Zip Code	Zip code (5-char) for this patient's mailing address.
ZIP_CODE_EXTN	Zip Code Extension	The additional 4-characters that follow the 5-character zip code, if available, for this patient's mailing address.